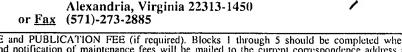
PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

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INSTRUCTIONS: Thi appropriate, All furthe indicated unless correct maintenance fee notific	s form should be used r correspondence includi- ted below or directed of ations.	for transmitting the ISSI ng the Patent, advance o herwise in Block I, by (UE FEE and PUBLICAT orders and notification of a specifying a new corresponding to the corres	ION FEE (if required), maintenance fees will be spondence address; and/c	Blocks 1 through 5 s mailed to the current or (b) indicating a sepa	hould be completed where correspondence address as arate "FEE ADDRESS" for	
CURRENT CORRESPONDENCI: ADDRESS (Note: Use Block 1 for any change of address) 7590 03/12/2007				Note: A certificate of mailing can only be used for domestic mailings of the Fec(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. Certificate of Mailing or Transmission			
Beth L. McMahon Unisys Corporation MS 4773 P.O. Part (4042)				I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USIPTO (571) 273-2885, on the date indicated below.			
P O Box 64942 St. Paul, MN 55164				Emily Vogt (Depositor's name)			
04/10/2007 LHONDIH2 00000058 193790 10601030				Emily Vot (Signature)			
	00.00 DA		4/0	6/07		(Date)	
2 FDAROSCATION NO. 3. 0 DA FILING DATE			FIRST NAMED INVENTOR	RST NAMED INVENTOR ATTORNEY D		CONFIRMATION NO.	
10/601,030 TITLE OF INVENTIC SYSTEM	06/20/2003 DN: SYSTEM AND M	ETHOD FOR HANDLI	Kelvin'S. Vartti NG MEMORY REQUES	TTS IN A MULTIPROC	RA 5482 CESSOR SHARED A	7121 · 4EMORY	
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	и́о	\$1400	\$0.	\$0	\$1400	06/12/2007	
EXAMINER ART		ART UNIT	CLASS-SUBCLASS	·			
PEUGH, BRIAN R		· 2187	711-151000	•			
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). □ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122).attached. □ Tee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(1) the names of up to or agents OR, alternative (2) the name of a single registered attorney or a 2 registered patent attorney or a contract of the contract	printing on the patent front page, list c names of up to 3 registered patent attorneys ints OR, alternatively, c name of a single firm (having as a member a cred attorney or agent) and the names of up to stered patent attorneys or agents. If no name is no name will be printed. Bethll: McMahon			
3. ASSIGNEE NAME A	AND RESIDENCE DATA	A TO BE PRINTED ON	THE PATENT (print or type	pe)			
(A) NAME OF ASSI	GNEE	ified below, no assignce oletion of this form is NO	(B) RESIDENCE: (CITY	_		ocument has been filed for .	
Unisys Corpora	tion riate assignee catégory or	categories (will not be no	Blue Bell, PA	Individual XI Corporat	ion or other private are	oup optity [] Covernment	
4a. The following fee(s) Issue Fee Publication Fee (f		4l permitted)	h. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 19-3790 (enclose an extra copy of this form).				
a. Applicant clain	atus (from status indicated as SMALL ENTITY statu	s. See 37 CFR 1.27.	☐ b. Applicant is no long	ger claiming SMALL EN	TITY status. See 37 Cf	FR 1,27(g)(2).	
interest as shown by the	records of the United Sta	uired) will not be accepted tes Patent and Trademark	of from anyone other than the Office.	ne applicant; a registered	attorney or agent; or th	e assignee or other party in	
Authorized Signature	0 4	nchalen		•			
Typed or printed name	e Beth L. McMahor	1		Registration No. 41,987			

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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